

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-021908

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6131

FILED JUN 13 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Madison

c. CITY OR TOWN Edwardsville Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
Peter Paul McGuinness

4. DATE OF DEATH Month Day Year
June 9, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/1/1881

9. AGE (last birthday) 81

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Priest

10b. KIND OF BUSINESS OR INDUSTRY Catholic Church

11. BIRTHPLACE (City and state or country) Ireland

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

John McGuinness

Theresa Timmy

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Fr. Elbow, Edwardsville, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

3 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b).

DUE TO (c).

450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 62 to June '63 and last saw him alive on June 8, 1963
Death occurred at 1:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6-14-63

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (city, town, or county) Edwardsville, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd

25. DATE RECD. BY LOCAL REG.

JUN 10 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No.

3749

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.